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ABSTRACT

In this paper, Luther College and the Decorah (Iowa) Public Schools suggest that a clinical model for field experience offers a better approach to the problem of teacher empowerment. The model, which shifts instructional methods and student teaching to a public school that consciously identifies itself as a teacher training institution, enhances both the inservice and preservice teacher's sense of empowerment in two ways. First, it directly empowers exceptional secondary or elementary teachers by paying them to translate their experience with and knowledge of classroom teaching into curriculum content for the undergraduate teacher candidate. Second, it provides novice teachers with role models from the ranks of secondary and elementary teachers. Luther College's clinical semester, designed to increase the relevance of methods and clinical experience, results in enhancement of the participating teachers' self-esteem while presenting novices with a role model of an active professional teacher. The paper describes the successful secondary program, initiated in 1987, and discusses the proposed elementary program. It examines teacher empowerment issues resulting from the program, suggesting that the clinical aspect effectively enhances both the undergraduates' and clinical teachers' sense of empowerment. (SM)

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Teacher Empowerment: An Unanticipated Benefit from a Clinical Schools Approach to Teacher Education

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Teacher Empowerment: An Unanticipated Benefit
from a Clinical Schools Approach to Teacher Education

Introduction:

When considering how teacher education might serve to empower teachers first thoughts turn toward curriculum content. Perhaps we in teacher education need to change what young teachers are taught during their undergraduate days. Everything from professional organizations, teacher and administrator roles, to the school as a social institution might be fair game for expansion in such a teacher empowerment curriculum.

Luther College and the Decorah Iowa Public Schools would like to suggest that a clinical model for field experience offers a better approach to the problem of teacher empowerment. This model, which shifts instructional methods and student teaching to a public school that consciously identifies itself as a teacher training institution, enhances both the in-service and pre-service teacher's sense of empowerment in two ways.[1] First, it directly empowers the exceptional secondary or elementary teacher by paying them to translate their experience with and knowledge of classroom teaching into curriculum content for the undergraduate teacher candidate. It recognizes that knowledge of classroom teaching is shared by teacher educators and secondary teachers. We college teachers are years away from our classroom teaching days, so the selected practitioner who daily struggles with the challenge of teaching youngsters is a Godsend to our programs. Secondly, it provides the novice teachers with role models from the ranks of secondary and elementary teachers.

Consequently, Luther's clinical semester, while designed to increase the relevance of methods and clinical experience, has the happy results of enhancing the participating teacher's self-esteem while presenting the novice teacher with a role model of

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[1] Holmes Group, Tomorrow's Teachers, mimeographed (East Lansing, Michigan: Holmes Group, 1986), pp. 62-65. The Clinical Schools label should not be confused with the concept of Clinical Teaching. It refers instead, to the school as a participant in the teacher education process.

an active professional teacher. In our judgment this is a positive step toward the empowerment of elementary and secondary teachers.

Rationale:

It is widely recognized in the popular press and professional literature that pre-service teacher education needs to improve.[2] We need to increase the realism and direct classroom experience afforded the pre-service teacher. A medical model based on clinical instruction in a teaching hospital is often offered as a design teacher education might emulate.[3]

There is widespread suspicion that on-campus instruction, particularly in regard to teaching methods, is idealized and developed by instructors far removed from the realities of secondary and elementary schools. It is also difficult for college teachers to describe the reality of such academic support services as counseling, media, and extracurricular activities. Finally, on-campus descriptions are pale imitations of the social reality of a school with its rich interpersonal relationships and administrative structure.

Luther College's clinical program in teacher education envisions an integration of prospective teachers and theoretical instruction into the clinical setting of a public school classroom. It seeks to increase cooperation between college and school personnel, increase the active involvement of cooperating teachers, thereby improving the quality of clinical experience for both pre-service and cooperating teachers.

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[2] Penelope M. Earley, "A Summary of Eleven National Reports on Education and Their Implications for Teacher Education," Mimeographed (Washington, D.C.: American Association of Colleges for Teacher Education, n.d.)

[3] Dona M. Kagan, "Teaching as Clinical Problem Solving: A Critical Examination of the Analogy and it's Implications," Review of Educational Research 58 (Winter 1988): pp. 484-490.

Phase one, a clinical semester for secondary teachers, is in place and has been operating successfully for the past two years. An extension of this program to include elementary teachers is currently being planned and will be initiated during the 1989-90 school year.

The Secondary Program

This program was initiated in the fall of 1987. Secondary education students take methods course work during the clinical semester. Classes are held from 8:00 to 11:00 a.m. at the clinical high school (Decorah, Iowa Community Schools) for three weeks at the beginning of the clinical semester. During this period the student teacher reports to his/her teaching assignment by 11:30 each day. Consequently such methods assignments as lesson plans, and media selection, are organically related to their teaching assignments and perceived as relevant.

The General Methods class is taught by a local secondary teacher who, in addition to coordinating the clinical semester, teaches one-half time in the Decorah secondary schools. This ongoing secondary classroom assignment gives the clinical professor unmatched credibility. The students in the program will listen and learn from such a mentor because they know he/she will, that very afternoon, face a secondary class just as they will.

In addition to the general methods content delivered by the clinical professor, several school support personnel make presentations to the group. Counselors, administrators, media consultants, curriculum specialists from the intermediate unit and local NEA officials are typical presenters.

After the initial three weeks of intensive methods instruction, the students spend five weeks in full-day student teaching. This completes their first clinical assignment. They then switch to a second assignment which varies by either grade level, subject area, or both. There is a three-day interruption between these two assignments when the students meet full days with their general methods teacher. These meetings are designed to evaluate their initial teaching experience, plan for the second half of the semester, and exchange ideas regarding such practical matters as classroom control and successful activities.

After these meetings the student moves on to his/her second assignment which is full-day clinical teaching for seven weeks. The final element of the general methods program is a two-day wrap up at the end of the semester. Included in this is a general exchange of ideas and experiences plus a formal self and program evaluation.

This general methods course earns the student three semester hours of credit. They also take a one semester hour special methods course during this clinical semester. Special methods classes are taught by qualified, (MA plus 5 years teaching experience) local teachers in specific content areas. These teachers have been drawn from Decorah and neighboring school districts. These special methods teachers, hired on an adjunct basis, schedule their methods instruction outside the school day. They are compensated at the rate of fifty dollars per contact hour. Since Luther works on a fourteen contact hours per credit module, each special methods teacher receives seven hundred dollars for teaching this content.

Program Costs

The clinical professor remains under full-time contract with the Decorah Community School District. All questions regarding seniority, fringe benefits, and master contract provisions, therefore, are avoided. Instead, Luther contracts directly with the school district which in turn designates one-half the individual's time to Luther's Clinical Professor assignment. In exchange for this Luther pays the District one-half the individual's salary and fringe benefit package.

Although the clinical professor is not legally a member of Luther's faculty, the college and department recognize the reality of the situation and extend full faculty membership to him/her. Introduction at year's beginning, full participation in Department meetings and deliberations, office space, and a key to the faculty washroom (if we had a faculty washroom) are examples of this policy.

In addition to salary costs for the clinical professor, each educational specialist making methods presentation must be paid, as well as the special methods teachers. These persons are all compensated at the rate of fifty dollars per contact hour.

The special methods teachers are expected to observe their students at least once during student teaching. Additional supervisory visits are conducted by the clinical professor and/or college supervisors. The special methods teachers are not paid for this visit, but instead the college pays for hiring a substitute teacher, thereby allowing them to visit their student. A total of eight supervising visits from all sources are provided to each student teacher.

All mileage expenses incurred by any individual working for the program are compensated at the rate of twenty-five cents per mile. Meals, telephone, and lodging expenses are also paid by the college.

Education Department funds to support this program come from the redirection of salary monies. The Department had a natural vacancy in its secondary staff for the 1987-88 year. Rather than filling this vacancy conventionally by hiring a full-time on-campus secondary specialist, we negotiated the clinical professor agreement with the local school. Thus far, it has not proven to be particularly expensive although its cost will vary from year to year, depending on the individual selected as clinical professor, and the number of special methods teachers needed. The program cost during its first year of operation was seventeen thousand, two hundred and thirty-eight dollars ($17,238). This year the program cost estimates are seventeen thousand, eight hundred fifty dollars ($17,850).

Evaluation

It would be nice to report that we had followed recommended practice by designing an evaluation plan in advance of implementing this new approach. Unfortunately, such was not the case. As is common, we liked the idea, put it in operation, and hoped for the best. We did hire a local teacher for whom we had great respect to conduct interviews of those working in the program. We also gave course evaluation forms to those students enrolled in the general methods course.

As commonly happens, those who design a program like it and feel it is successful. So do we. We did receive some suggestions from participating teachers regarding scheduling changes and calls for more help in terms of designing their special method course. These adjustments have been made.

The student evaluations of the clinical professor and their general methods course were crystal clear; they thought both were superb. That was a bit hard on us in the Department since our own past evaluations in similar on-campus courses were much more restrained. The students were never quite sure if we knew what we were talking about and they thought our stories and experiences were getting a little long in the tooth.

We have received a grant of sixteen thousand dollars ($16,000) from the State of Iowa Department of Education to evaluate and expand our clinical approach. Consequently attempts will be made during the 1989-90 school year to conduct the evaluation plan described below.

> In general we conceive that evaluation should consist of the measurement of attitudes towards the experience (clinical semester) and teaching; and measurement of knowledge about teaching skills and the school as an integrated social institution. This knowledge measure should include student analysis of hypothetical teaching situation. Currently we are working from an evaluation model suggested by Howard Gardner.

> Howard Gardner's Frames of Mind postulates a multidimensional model of human intelligence.[4] Since he believes in such nebulous intelligence as social and artistic, he is confronted with the problem of measurement. He has proposed several interesting approaches, most of which involve simulating real-life situations.
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> We hypothesize that when confronted with a teaching "problem," students who complete a clinical, as opposed to a traditional, student teaching experience will differ in at least two ways. First they will evidence a clearer understanding of the connection between theoretical information and classroom practice. Secondly, they will propose a broader range of action to solve the hypothetical problem. They will be less stereotypical in their responses than conventionally trained pre-service teachers and more like experienced teachers. They will also show a greater awareness of and willingness to turn to the many support persons available to the classroom teacher.

We anticipate developing modest instruments and conducting evaluation along lines enumerated above.

The Proposed Elementary Program

The Department plans to extend its clinical teacher education program to the elementary level during the 1989-90 school year. Because of obvious differences in curriculum and structure between elementary and secondary schools we are forced to modify the elementary program. It is easy for secondary clinical teachers to divide their time between morning methods and afternoon teaching. Such is not the case for the elementary teacher. Consequently we will retain a conventional, all semester, all day elementary student teaching experience, but will add a clinical experience during the student's Junior year.

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[4] Howard Gardner, Frames of Mind (New York: Basic Books, 1983), pp. 383-393.

Like the secondary program, prospective student teachers will split time between course work delivered in the public school by college instructors and elementary teachers, and teacher-aide experience in the elementary classroom. What is now a "Junior Block" of methods courses taking place entirely on campus, will be moved to the clinical setting of an elementary classroom.

As currently envisioned, the elementary program will be initiated spring semester 1990 with the transfer of the Junior Block from the Luther campus to the Decorah Community Schools. The student's morning will be divided between instruction in methods of teaching and actual practice in an elementary classroom. Instruction will be delivered by Luther staff and local elementary teachers.

Cost estimates for the program are not available at this time. Luther enjoys excellent rapport with the local school so we anticipate minimum charges, if any, for the use of instructional space. We also anticipate using our elementary staff members as substitutes, thus freeing local elementary teachers to make presentations to our students. This has the happy result of allowing our staff members to meet the new State of Iowa requirement that each teacher educator teach at their speciality level during each five-year period.

We doubt that all instructional costs can be covered in this swapping arrangement, but expect to use the current fifty dollars per instructional hour rate used in the secondary program so that total costs should be reasonable.

Program Content

While the clinical semester program has its own rationale and can be evaluated alone, perhaps it would be helpful to place it in the context of Luther's total teacher education program.

Luther employs a relatively unusual approach to its educational foundation requirements. These requirements are the same for all education students and involve instruction delivered

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* The "Junior Block" is a nine semester hour sequence of methods courses taken spring semester of the elementary major's junior year. Language arts, social studies, mathematics, and science methods are included. The block schedules the student's day from 8:00 to 11:30 a.m. each day of the week.

This concentrated block of courses is followed the next fall by student teaching.

not by the education department, but by the appropriate academic departments. The specific application of the parent discipline to education is made in conjunction with the survey course from that discipline. For example, all education students enroll in Psychology 30: General Psychology for three semester hours. It is the same course all students electing psychology take, but the fourth hour laboratory is replaced for education students by a two-semester educational psychology section taught by the Psychology Department.

Our rationale for this approach is twofold: it avoids duplication and since educational psychology content is a special application of the parent discipline, the discipline experts are better equipped to deliver this content than educational specialists. History and Philosophy of American Education are delivered by the History and Philosophy Departments and are coordinated with the American History survey course. Finally, the State of Iowa Human Relations requirement is met by coordinating a one semester hour Human Relations in Teaching course taught by the Education department with the Sociology/Anthropology Department's course in American Minorities.

After foundation courses the elementary and secondary programs begin to diverge. All students take a course in exceptionality and an early field experience, but while the elementary students take the methods courses that lead to their major, the secondary candidates are completing an academic major. It should be noted that all secondary candidates do take a two semester hour special methods course, taught by their respective departments before they enter the clinical teaching semester. This is particularly important since their work in a secondary classroom starts on the first day of that experience and they would be sorely handicapped with no preliminary methods at all.

Teacher Empowerment Issues

Clinical instructors are empowered in a number of expected and a few unexpected ways. It is predictable that instructors would feel greater control over and possession of the educational process by being directly involved with the training of teachers. It is predictable that they would feel value and reward for their years of experience by being asked to undertake the clinical position which, in turn, would cause them to reflect positively on those years of experience and teaching in general. It is predictable that clinical instructors should, by virtue of their actively teaching educational methods and observing pre-service teachers, examine and revitalize their own secondary-level teaching.

These expected consequences of appointing secondary teachers as clinical instructors have had positive results in each of the two years the program has been in existence. Clinical instructors obtain more ownership over the educational process and view teaching in a renewed and more vital way.

Unexpected results of the clinical instructor role are both positive and negative. Undertaking the position immediately puts the clinical instructor in a new position in the secondary school. He/she is no longer just one of the other teachers, nor on the other hand is he/she an administrator. Being responsible for the student teachers in the building, leaving to visit other schools and teachers, the clinical instructor assumes a role of authority regarding educational methods, teacher education, and to some extent educational theory and current trends in education. This creates a new position in the hierarchy of the school, one that is not well-defined The clinical instructor meets and confers with administrators from the region, and manages crisis situations occurring in diverse classrooms in many schools. The advantages are that the clinical instructor seems to have advanced in status and responsibility. More respect accrues to the instructor from colleagues and

administrators from having been chosen to assume this role. Empowerment is related to this increased respect, and to the increase in freedom and responsibility. In short, empowerment arises from the clinical instructor's move to a professional position akin to that of a college instructor from a former position as an employee of a school system.

This result is perhaps foreseeable and certainly is positive. Somewhat more insidious is the possibility that the clinical instructor, after completing the two-year rotation in the position, is not willing to resume former full-time duties in the school. If dissatisfaction exists, it argues that the professional state of the typical teacher is less than desirable, and this, in turn, is a critique of the public education system.

If, on the other hand, clinical instructors return to full-time secondary teaching after their rotation, and if several teachers from one school hold this position, there is every expectation that a core of teachers, revitalized and much more professional as educators, could affect the teaching staff of the school positively. The empowerment experienced by the clinical instructors could generalize to others creating a more involved and professional staff. This constitutes a "best-case" scenario. It is equally possible that others on the teaching staff could react negatively to the clinical instructors if for no other reason that they have not been asked to hold the position.

Empowerment deriving from the clinical instructor's position is verifiable. The consequences of that empowerment are unclear.

Cooperating teachers are empowered because one of their colleagues shares the supervision of pre-service teachers with them. Communication is much easier because both teachers are, fundamentally, secondary school teachers; concerns are more easily shared because of that common experience; basic assumptions about the "reality of the classroom" are implicit. Furthermore, cooperating teachers are empowered when they observe that teachers like themselves are training new teachers. Their own occupation is somewhat ennobled.

Pre-service teachers are empowered because they feel there is credibility in the position of clinical instructor. They feel more assured that they will receive appropriate responses from teachers who are currently facing the same situations that they face. This increases their sense of control and confidence.

Summary

In our experience, the clinical teacher/clinical schools program in teacher education results in the empowerment of much of the involved constituency: pre-service teachers, cooperating teachers and certainly the clinical teachers.

We are pleased with Luther College's approach to clinical teacher education and feel it has moved us in a needed direction. In the context of the national forum we are strongly convinced that the clinical aspect of our program is an effective way to enhance both our undergraduates and their clinical teachers sense of empowerment.

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